

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014499

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **59**

Primary Registration District No. **4697**

Registrar's No. **62**

VS 300
Rev. 4/59

1192

2192

3

4 **0**

5 **1**

6

7 **0**

8 **2**

9331X

10

11

1291-0

1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 24 1962

1. PLACE OF DEATH

a. COUNTY **Cass**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Harrisonville**

Length of stay in 1b
10 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **1007 Green Street**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1007 Green Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Archibald

Little

King

4. DATE OF DEATH

Month

Day

Year

April

11

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/14/1876

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Sibley, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Martin Perry King

13b. MOTHER'S MAIDEN NAME

Martha Little

14. NAME OF HUSBAND OR WIFE

Linnie May King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Linnie May King Harrisonville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accidents (3)

INTERVAL BETWEEN ONSET AND DEATH

1 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebroarteriosclerosis

3 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary Emphysema severe 5 yrs.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **6-8-55** to **4-14-62** and last saw him alive on **4-10-62**
Death occurred at **10:10 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Cliff Ebelund MD

22b. ADDRESS

Pleasant Hill, Mo

22c. DATE SIGNED

4-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

April 17, 1962

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hill Cemetery

23d. LOCATION (City, town, or county)

Pleasant Hill, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Brownfield-Stanley Pleasant Hill, Mo,

25. DATE RECD. BY LOCAL REG.

4-17-62

26. REGISTRAR'S SIGNATURE

Ray J. Sebrer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond D. Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.